Please type a plus sign (+) inside this box

PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY **PATENT APPLICATION TRANSMITTAL**

NECW 18.854 Attorney Docket No. H. KINOSHITA First Inventor SYSTEM FOR AND METHOD OF PERFORMING....

EL 620602612LIC

| (Only for new nonprovisional ap  | Express M                 | ail Label No.   | . EL0390                                | 930         | 1308             |      |  |  |
|--|---------------------------|---|---|-------------|------------------|------|--|--|
| APPLICATIO   | ADDRE                     | ESS TO:   |   |             | oner for Patents |      |  |  |
| See MPEP chapter 600 concerning  |                           |   |   |             |                  |      |  |  |
| See MPEP chapter 600 concerning  1.  | 7                         | Washington, DC 20231  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. X Assignment Papers (cover sheet & document(s))  10. (when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS (Should be specifically itemized)  14. Ketum Receipt Postcard (MPEP 503) (Should be specifically itemized) |   |             |                  |      |  |  |
| named in the prio<br>1.63(d)(2) and 1.   | 16.                       | 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35  |   |             |                  |      |  |  |
| 6. Application Data Sheet  |                           | or its equivalent.  |   |             |                  |      |  |  |
|  | 17.                       | Other:  | • |             |                  |      |  |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP)  Prior application information: Examiner  Group Art Unit:   |                           |   |   |             |                  |      |  |  |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                           |   |   |             |                  |      |  |  |
| 19. CORRESPONDENCE ADDRESS   |                           |   |   |             |                  |      |  |  |
| Customer Number or Bar Code Labe   | 4<br>bar code label here) | or Correspondence address below   |   |             |                  |      |  |  |
| Name   |                           |   |   | •           |                  |      |  |  |
|  |                           |   | <del></del>                             |             |                  |      |  |  |
| Address  |                           |   |   |             |                  |      |  |  |
| City /   |                           | State   |   | Zip C       | Code             |      |  |  |
| Country  | 1 / Te                    | lephone   |   | Fa          |                  |      |  |  |
| Name (Print/Type) San  | nsøn Helfgott /           | Registra  | tion No. (Attor                         | rney/Agent) | 23,0             | 72   |  |  |
| Signature  | 1 (40)                    | )   |   | Date        | 07/1             | 7/01 |  |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete fine will vary depending upon the needs of the individual case. Any comments on the amount of time you are required locomplete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



PTO/SB/17 (11-00) Approved for use through 10/31/2002. OMB 0651-0032

| Under the  | Paperwork Re                       | duction Act of 199   | 95, no persons are requ                 | ired to r    | espond               | U.S<br>I to a d    | . Pater<br>collection | nt and Trademation of information     | ark Office; U.S.<br>on unless it disp     | DEPARTMENT (<br>lavs a valid OMB | OF COMMER<br>control num!             |  |  |
|--|------------------------------------|----------------------|---|--------------|----------------------|--------------------|-----------------------|---------------------------------------|---|----------------------------------|---------------------------------------|--|--|
|  |                                    |                      |   |              |                      | Complete if Known  |                       |                                       |   |                                  |                                       |  |  |
| FEE TRANSMITTA   |                                    |                      |   |              | Арр                  | Application Number |                       |                                       |   |                                  |                                       |  |  |
| for FY 2001  |                                    |                      |   |              | Filin                | Filing Date        |                       |                                       |   |                                  |                                       |  |  |
|  |                                    |                      |   |              | First Named Inventor |                    |                       | entor                                 | H. KINOSHITA                              |                                  |                                       |  |  |
| Patent fees are subject to annual revision.  |                                    |                      |   |              | Examiner Name        |                    |                       | 9                                     |   |                                  |                                       |  |  |
| Patent rees are subject to annual revision.  |                                    |                      |   |              | Group Art Unit       |                    |                       |                                       |   |                                  | <del></del>                           |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 990.00  |                                    |                      |   |              | Attorney Docket No.  |                    |                       | t No                                  | NE  | W 10 054                         | *****                                 |  |  |
|  |                                    |                      |   |              |                      |                    |                       |                                       |   |                                  |                                       |  |  |
|  |                                    | D OF PAYME           |   | <u> </u>     |                      |                    |                       |                                       | LATION (co                                | ntinued)                         |                                       |  |  |
| The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: |                                    |                      |   | 3. <i>F</i>  | NDDIT                |                    |                       |                                       |   |                                  |                                       |  |  |
| Deposit  |                                    |                      | l                                       | Larg<br>Enti |                      | Sma<br>Enti        |                       |                                       |   |                                  |                                       |  |  |
| Number   |                                    | 08-1634              |   | Fee          | Fee                  | Fee                | Fee                   | •                                     | ee Descriptio                             | on                               | Fee Paid                              |  |  |
| Deposit<br>Account   | Helf                               | gott & Kar           | as P C                                  | 105          | le (\$)<br>130       | <b>Cod</b> 205     | e (\$)<br>65          | Surcharge - I                         | ate filing fee or                         | noth.                            | 1                                     |  |  |
| Name   | 11011                              | gott oc ixar         | as, 1.C.                                |              |                      |                    |                       |                                       | •   |                                  |                                       |  |  |
|  | e Any Additional<br>37 CFR 1.16 an |                      |   | 127          | 50                   | 227                | 25                    | Surcharge - I                         | ate provisional fi                        | ling fee or                      |                                       |  |  |
| Applic   | cant claims small                  |                      |   | 139          | 130                  | 139                | 130                   | Non-English                           | English specification                     |                                  |                                       |  |  |
|  | 7 CFR 1.27                         |                      |   | 147          | 2,520                | 147                | 2,520                 | For filing a re                       | ling a request for ex parte reexamination |                                  |                                       |  |  |
| = '  | ment Enclos                        |                      | onev [""]                               | 112          | 920*                 | 112                | 920*                  | Requesting p                          | ublication of SIF                         |                                  |                                       |  |  |
| X Check Credit card Money Order Other  |                                    |                      |   | 113          | 1,840*               | 113                | 1 840                 | Examiner act                          |   | offer.                           |                                       |  |  |
|  | FEE C                              | ALCULATIO            | N                                       | ] '''        | .,040                | 113                | ·, <del>010</del>     | Examiner act                          | ublication of SIF<br>ion                  | anter :                          |                                       |  |  |
| BASIC F  | FILING FEE                         |                      |   | 115          | 110                  | 215                | 55                    | Extension for                         | reply within firs                         | t month                          |                                       |  |  |
|  | ity Small Entit                    |                      |   | 116          | 390                  | 216                |                       |                                       | reply within sec                          |                                  |                                       |  |  |
| Fee Fee<br>Code (\$)   |                                    | Fee Description      | Fee Paid                                | 117          | 890                  | 217                |                       |                                       | reply within thin                         |                                  |                                       |  |  |
| 101 710  | 201 355                            | Utility filing fee   | 710                                     | 118          | 1,390                | 218                | 695                   | Extension for                         | reply within four                         | rth month                        |                                       |  |  |
| 106 320  | 206 160                            | Design filing fee    |   | 128          | 1,890                | 228                | 945                   | Extension for                         |   |                                  |                                       |  |  |
| 107 490  | 207 245                            | Plant filing fee     |   | 119          | 310                  | 219                |                       | Notice of Appeal                      |   |                                  |                                       |  |  |
| 108 710  |                                    | Reissue filing fee   |   | 120          | 310                  | 220                |                       |                                       | n support of an                           | appeal                           | · · · · · · · · · · · · · · · · · · · |  |  |
| 114 150  | 214 75 1                           | Provisional filing t | fee                                     | 121          | 270                  | 221                |                       | Request for o                         | •   |                                  |                                       |  |  |
| SUBTOTAL (1) (\$) 710  |                                    |                      | 140                                     | 1,510<br>110 | 240                  | 55                 |                       | titute a public us                    | _   |                                  |                                       |  |  |
| . EXTRA CLAIM FEES   |                                    |                      |   | 1,240        |                      |                    |                       | ive - unavoidabl<br>ive - unintention | [   |                                  |                                       |  |  |
|  |                                    | Extra Claims         | Fee from<br>below Fee Paid              |              | 1,240                |                    |                       | Utility issue fe                      |   | ai ,                             | ***********                           |  |  |
| otal Claims 8.00 -20** = X 18.00 = 0   |                                    |                      |   | 143          | 440                  | 243                |                       | Design issue                          |   |                                  |                                       |  |  |
| dependent   6.00   -3** = 3.00   ×   80.00   = 240   |                                    |                      | 144                                     | 600          | 244                  |                    | Plant issue fe        | F                                     |   |                                  |                                       |  |  |
|  |                                    |                      | 122                                     | 130          | 122                  | 130                | Petitions to th       | ns to the Commissioner                |   |                                  |                                       |  |  |
|  |                                    |                      |   | 123          | 50                   | 123                | 50                    | Processing fe                         | e under 37 CFR                            | 1.17(q)                          |                                       |  |  |
|  | Small Entity Fee Fee               | Fee Descript         | ion                                     | 126          | 180                  | 126                |                       |                                       | Information Dis                           |                                  |                                       |  |  |
| Code (\$)  | Code (\$)                          | •                    |   | 581          | 40                   | 581                | 40                    | Recording eac                         | h patent assign                           | ment per                         | 40                                    |  |  |
|  |                                    | Claims in excess     |   |              |                      |                    |                       |                                       | s number of pro                           | ` ' [                            |                                       |  |  |
|  |                                    |                      | ms in excess of 3                       | 146          | 710                  | 246                | 355                   | Filing a submi<br>(37 CFR § 1.1       | ssion after final<br>29(a))               | rejection                        |                                       |  |  |
|  | 204 135<br>209 40                  | ** Reissue indep     | ent claim, if not paid<br>endent claims | 149          | 710                  | 249                | 355                   | For each add                          | tional invention<br>CFR § 1.129(b         | to be                            | <del></del>                           |  |  |
| 440 40   | 040 0                              | over original pa     | atent                                   | 170          | 710                  | 270                | 255                   | · /                                   | • •                                       | ΄΄ Γ                             | <del> </del>                          |  |  |
| 110 18 210 9 ** Reissue claims in excess of 20 and over original patent                        |                                    |                      |   | 179<br>169   | 710                  | 279                |                       |                                       | t for Continued Examination (RCE)         |                                  |                                       |  |  |
|  |                                    |                      |   |              | 900                  |                    |                       | of a design a                         | kpedited examin                           | ation                            |                                       |  |  |
| SUBTOTAL (2) (\$) 240  |                                    |                      |   |              | fee (sp              | ecify)             |                       |                                       |   | <u></u>                          |                                       |  |  |
| **or number p  | oreviously paid                    | l, if greater; For R | eissues, see above                      | *Redu        | iced by              | Basic              | Filing                | Fee Paid                              | SUBTOTAL                                  | (3) (\$) 40                      |                                       |  |  |
|  |                                    | //:                  | / / /                                   |              |                      |                    |                       |                                       |   | · · ·                            |                                       |  |  |
| ne (Print/Type)  |                                    | Salanda              | n/IA ded at                             | F            | Registra             | tion N             | D.                    | 02.070                                | Complete (a                               |                                  | 2 46 2 2                              |  |  |
| Samson Front Out   |                                    |                      |   | Attorney     |                      |                    | 23,072                | Telephone                             | 212-64                                    | <u>3-5000</u>                    |                                       |  |  |
| nature / /// ///   |                                    |                      |   | 1 ,          | \                    |                    |                       |                                       | Date                                      | 7/17                             | /01                                   |  |  |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.